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BI (Official F			United No		Bankı District						Vol	untary Petition
	Name of Debtor (if individual, enter Last, First, Middle): Swanson, Daniel E						Name of Joint Debtor (Spouse) (Last, First, Middle): Swanson, Beverly N					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):					All Or (include	her Names de married,	used by the J maiden, and	oint Debtor i trade names	in the last 8	years		
Last four digi	, state all)	Sec. or Indi	vidual-Taxp	ayer I.D. (ITIN)/Com	plete EIN	(if more	our digits o than one, state	all)	Individual-T	Гахрауег I.	D. (ITIN) No./Complete EIN
Street Addres 230 S Ev Aurora, I	ss of Debto anslawn		Street, City,	and State)	_	ZIP Code	Street 230 Au	Address of	Joint Debtor slawn Ave		reet, City, a	ZIP Code
County of Re Kane Mailing Adda			•		s:	60506	Ka	County of Residence or of the Principal Place of Business: Kane Mailing Address of Joint Debtor (if different from street address):				
Location of F					.ss).	ZIP Code		Ig Address	or joint Deor	or (ii differen	iit from suc	ZIP Code
(if different fi	rom street	address abo	ve):									
☐ Individua See Exhibi. ☐ Corporati ☐ Partnersh ☐ Other (If o	of Organizatial (includes it D on page it D on page it D on the page it D	2 of this form es LLC and one of the al e type of enti 5 Debtors of main inter oreign procee	ors) LLP) bove entities, ity below.) rests:	Sing in 1 Rail Stoo	Ith Care Bugle Asset Real U.S.C. § Troad Exbroker Inmodity Bruning Bank Ber Tax-Exe (Check box or is a tax-exer Title 26 of	eal Estate a: 101 (51B) oker mpt Entity , if applicable empt organithe United S	y le) zation tates	defined "incurr	er 7 er 9 er 11 er 12 er 13 are primarily cod in 11 U.S.C. § ed by an indivi	Petition is Fi	led (Check napter 15 P a Foreign I napter 15 P a Foreign I e of Debts c one box)	Under Which one box) etition for Recognition Main Proceeding etition for Recognition Nonmain Proceeding Debts are primarily business debts.
debtor is us Form 3A. Filing Fee	Fee attached to be paid in an application application application application application and application and application	installments on for the cou fee except in	art's considerat installments.	individual ion certifyi Rule 10066 7 individu	ng that the (b). See Office als only). Mu	Check Check III	one box: Debtor is a si Debtor is not if: Debtor's agg are less than all applicabl A plan is bein Acceptances	mall business a small business a small business regate nonco \$2,490,925 (ee boxes: ng filed with of the plan w	debtor as definition desired debtor as debtor as debtor as dentingent liquida amount subject this petition.	ter 11 Debte ned in 11 U.S.6 defined in 11 U ated debts (exc to adjustment	Drs C. § 101(51E J.S.C. § 101(cluding debts on 4/01/16 a	
Statistical/Ad ☐ Debtor es ☐ Debtor es there will	stimates tha	t funds will t, after any	l be available	erty is ex	cluded and	administrat		es paid,		THIS	SPACE IS I	FOR COURT USE ONLY
Estimated Nu 1- 49	50- 99	100- 199	200- 999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000			
Estimated As	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion			
Estimated Lia \$0 to \$50,000	abilities \$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				

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B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Swanson, Daniel E Swanson, Beverly N (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ David Cutler April 7, 2015 Signature of Attorney for Debtor(s) (Date) **David Cutler** Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(04/13)

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Swanson, Daniel E

Swanson, Beverly N

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Daniel E Swanson

Signature of Debtor Daniel E Swanson

X /s/ Beverly N Swanson

Signature of Joint Debtor Beverly N Swanson

Telephone Number (If not represented by attorney)

April 7, 2015

Date

Signature of Attorney*

X /s/ David Cutler

Signature of Attorney for Debtor(s)

David Cutler

Printed Name of Attorney for Debtor(s)

Cutler & Associates, Ltd

Firm Name

4131 Main Street Skokie, IL 60076

Address

Email: david@cutlerltd.com

847-673-8600 Fax: 847-673-8636

Telephone Number

April 7, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

v
Λ

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

In re	Daniel E Swanson Beverly N Swanson		Case No.		
		Debtor(s)	Chapter	7	

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page
☐ 4. I am not required to receive a credit c	ounseling briefing because of: [Check the applicable
statement.] [Must be accompanied by a motion for	r determination by the court.]
☐ Incapacity. (Defined in 11 U.S.C	C. § 109(h)(4) as impaired by reason of mental illness or
mental deficiency so as to be incapable of	realizing and making rational decisions with respect to
financial responsibilities.);	
☐ Disability. (Defined in 11 U.S.C	. § 109(h)(4) as physically impaired to the extent of being
unable, after reasonable effort, to participa	te in a credit counseling briefing in person, by telephone, or
through the Internet.);	
☐ Active military duty in a military	/ combat zone.
☐ 5. The United States trustee or bankrupt requirement of 11 U.S.C. § 109(h) does not apply	cy administrator has determined that the credit counseling in this district.
I certify under penalty of perjury that the	he information provided above is true and correct.
Signature of Debtor	r: /s/ Daniel E Swanson
Ç	Daniel E Swanson
Date: April 7, 2015	5

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

In re	Daniel E Swanson Beverly N Swanson		Case No.	
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2
☐ 4. I am not required to receive a credit cou	unseling briefing because of: [Check the applicable
statement.] [Must be accompanied by a motion for a	letermination by the court.]
'	§ 109(h)(4) as impaired by reason of mental illness or
± • • •	alizing and making rational decisions with respect to
financial responsibilities.);	8 8
* **	109(h)(4) as physically impaired to the extent of being
· · · · · · · · · · · · · · · · · · ·	in a credit counseling briefing in person, by telephone, or
through the Internet.);	in a create counseling oriening in person, by telephone, or
☐ Active military duty in a military c	combat zone
□ Active minitary duty in a minitary e	omoat zone.
	administrator has determined that the credit counseling
requirement of 11 U.S.C. § 109(h) does not apply in	this district.
I certify under penalty of perjury that the	information provided above is true and correct.
Signature of Debtor:	/s/ Beverly N Swanson
Ç	Beverly N Swanson
Date: April 7, 2015	

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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

In re	Daniel E Swanson,		Case No.	
	Beverly N Swanson			
		Debtors	Chapter	7
			•	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	140,000.00		
B - Personal Property	Yes	3	18,819.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		164,051.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	27		48,764.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			4,600.17
J - Current Expenditures of Individual Debtor(s)	Yes	2			4,551.00
Total Number of Sheets of ALL Schedu	ıles	40			
	T	otal Assets	158,819.00		
			Total Liabilities	212,815.00	

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

In re	Daniel E Swanson,		Case No.	
	Beverly N Swanson			
_		Debtors	Chapter	7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	4,600.17
Average Expenses (from Schedule J, Line 22)	4,551.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	3,469.00

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		12,051.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		48,764.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		60,815.00

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B6A (Official Form 6A) (12/07)

In re	Daniel E Swanson,	Case No
	Beverly N Swanson	

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Single Fami	ily Residence - 230 S Evanslawn Ave,		J	140,000.00	150,317.00
:	Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim

Sub-Total > **140,000.00** (Total of this page)

Total > 140,000.00

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	х		
2.	Checking, savings or other financial	Checking - Old Second	J	1,750.00
	accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Checking - Old Second	J	0.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings, including audio, video, and computer equipment.	Personal possessions in home at liquidation value	J	1,500.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		
6.	Wearing apparel.	Personal clothing	J	1,000.00
7.	Furs and jewelry.	x		
8.	Firearms and sports, photographic, and other hobby equipment.	x		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	Life insurance through employer	Н	0.00
10.	Annuities. Itemize and name each issuer.	x		
			Sub-Tota	al > 4,250.00

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

In re	Daniel E Swanson,
	Beverly N Swanson

Debtors

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

		(Contin	iuation Sheet)		
,	Гуре of Property	N O N Description	on and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
defined under a as defin Give pa record(s	in an education IRA as in 26 U.S.C. § 530(b)(1) or qualified State tuition plan ed in 26 U.S.C. § 529(b)(1). rticulars. (File separately the) of any such interest(s). C. § 521(c).)	х			
other pe	in IRA, ERISA, Keogh, or nsion or profit sharing ive particulars.	x			
	nd interests in incorporated accorporated businesses.	x			
	in partnerships or joint . Itemize.	X			
and other	ment and corporate bonds or negotiable and otiable instruments.	x			
16. Accoun	ts receivable.	X			
property	y, maintenance, support, and settlements to which the s or may be entitled. Give ars.	X			
	quidated debts owed to debtor g tax refunds. Give particulars.	Anticipated tax return	ı 2014	J	569.00
estates, exercisa debtor o	le or future interests, life and rights or powers ble for the benefit of the ther than those listed in e A - Real Property.	x			
interests	ent and noncontingent in estate of a decedent, enefit plan, life insurance or trust.	X			
claims o tax refu debtor, a	ontingent and unliquidated of every nature, including ands, counterclaims of the and rights to setoff claims. imated value of each.	X			
			(T	Sub-Tota Fotal of this page)	al > 569.00

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re	Daniel E Swanson,
	Beverly N Swanson

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and	20	004 Nissan Altima 115,000 miles	J	2,000.00
	other vehicles and accessories.	20	010 Chrysler Town and County 27,000 miles	J	12,000.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > (Total of this page)

14,000.00

Total >

18,819.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Checking, Savings, or Other Financial Accounts, C	ertificates of Deposit		
Checking - Old Second	735 ILCS 5/12-1001(b)	1,750.00	1,750.00
Checking - Old Second	735 ILCS 5/12-1001(b)	0.00	0.00
Wearing Apparel Personal clothing	735 ILCS 5/12-1001(a)	1,000.00	1,000.00
Interests in Insurance Policies Life insurance through employer	215 ILCS 5/238	0.00	0.00
Other Liquidated Debts Owing Debtor Including Ta Anticipated tax return 2014	<u>x Refund</u> 735 ILCS 5/12-1001(b)	569.00	569.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2004 Nissan Altima 115,000 miles	735 ILCS 5/12-1001(c)	2,000.00	2,000.00

Total: 5,319.00 5,319.00

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B6D (Official Form 6D) (12/07)

In re	Daniel E Swanson,
	Beverly N Swanson

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

	_							
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTLNGEN	UNLLQULDAF	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxxxxxx1001 Exeter Finance Corp Po Box 166097			Opened 3/01/14 Last Active 2/27/15 2010 Chrysler Town and County 27,000 miles	Т	D A T E D			
Irving, TX 75016		J	Value \$ 12,000.00				13,734.00	1,734.00
Account No. xxxxx1583			Opened 11/01/09 Last Active 2/13/15					
Fifth Third Bank Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546		J	Single Family Residence - 230 S Evanslawn Ave, Aurora Illinois					
Crana Rapido, IIII 40040			Value \$ 140,000.00				150,317.00	10,317.00
Account No.			Value \$					
Account No.								
			Value \$					
o continuation sheets attached	_	<u>. </u>	S (Total of th	ubto			164,051.00	12,051.00
Total (Report on Summary of Schedules) 164,051.00 12,051.00								12,051.00

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B6E (Official Form 6E) (4/13)

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
☐ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

In re	Daniel E Swanson, Beverly N Swanson		Case No.	
_		Debtors	,	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Check this box if debtor has no creditors holding unsecure	ou c	ıan	his to report on this schedule F.				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETORE SO STATE	I N G	Q U I	DISPUTED	AMOUNT OF CLAIM
Account No.				T	D A T E D		
ACL Laboratories 8901 West Lincoln West Allis, WI 53227					D		0.00
Account No.				Н			
Advocate Christ Medical Center PO Box 4256 Carol Stream, IL 60197							0.00
Account No.							0.00
Alfa Recovery Corp 5660 Greenwood Plaza Blvd Suite 101 Greenwood Village, CO 80111							0.00
Account No.							
Apelles 3700 Corporate Dr Suite 240 Columbus, OH 43231							0.00
26 continuation sheets attached			S	ubt	otal	l	0.00
commutation sheets attached			(Total of t	nis t	oag	e)	0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
_	Beverly N Swanson	,

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXH_XGWXH	DZL-QU-DAH	T E	AMOUNT OF CLAIM
Account No.				T	E		
Asset Acceptance LLC PO Box 2036 Warren, MI 48090					D		0.00
Account No.				П	Г		
Asset Acceptance LLC PO Box 2036 Warren, MI 48090							0.00
Account No.				\vdash	Н		
Asset Recovery Solutions LLC 2200 E Devon Suite 200 Des Plaines, IL 60018							0.00
Account No. xx4088			Opened 3/01/10 Last Active 11/16/10	\Box	Г		
Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622		н	Collection Attorney Naperville Radiologists				114.00
Account No. xxx5657	┪		Opened 9/01/14	\vdash	\vdash		
Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622		н	Collection Attorney Naperville Radiologists				39.00
Sheet no. 1 of 26 sheets attached to Schedule of		_		Subt	ota	.1	450.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his j	pag	ge)	153.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.	
	Beverly N Swanson		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	С	U	D	·Τ	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	NL I QU I DAT	DISPUTED	:	AMOUNT OF CLAIM
Account No.	1			Ι'	Ė			
ATG Credit LLC 13821 Murfield Circle Bloomfield, CO 80023								0.00
Account No.						Г	T	
Badowsku Druzak Jenson MDS 10 W Martin Ave Suite 100 Naperville, IL 60540								0.00
Account No. xxxxxxxxxx0604			Opened 1/01/08 Last Active 2/18/14			T	†	
Bank Of America P.O. Box 982236 El Paso, TX 79998		w	Automobile					0.00
Account No. xxxxxxxxxxxx9106			Opened 12/01/09 Last Active 2/13/15			T	Ť	
Best Buy Attn: Bankruptcy Department P.O. Box 9312 Minneapolis, MN 55440		н						48.00
Account No.	\vdash	\vdash		\vdash	┢	\vdash	+	
Blitt & Gains P.C 661 Glen Ave Wheeling, IL 60090								0.00
Sheet no. 2 of 26 sheets attached to Schedule of		_		Subt	tota	ıl	†	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				, [48.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.	
	Beverly N Swanson		

	С	Hu	sband, Wife, Joint, or Community	Тс	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODE BT OR	H & J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	NLIQUIDATE	SPUTED	AMOUNT OF CLAIM
Account No.				T	T E D		
CAC Financial Corp 2601 Northwest Expressway Suite 1000E Oklahoma City, OK 73112							0.00
Account No. xxxxxxxx1395	t		Opened 1/01/11 Last Active 2/28/15	+			
Cach Llc/Square Two Financial Attention: Bankruptcy 4340 South Monaco St. 2nd Floor Denver, CO 80237		н	Collection Attorney Citibank South Dakota N.A.				
							5,778.00
Account No.							
Cadence Health Central Dupage Hospital 25 N Winfield Rd Winfield, IL 60190							0.00
Account No.				+			0.00
Calvary SPV I LLC 500 Summit Lake Dr Suite 400 Valhalla, NY 10595							0.00
Account No. xxxxxxxxx4607	╁		Opened 4/01/04 Last Active 12/18/09	+			0.00
Chase Auto Attn:National Bankruptcy Dept Po Box 29505 Phoenix, AZ 85038		н	Automobile				0.00
					L		0.00
Sheet no. 3 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Subt			5,778.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	C	ase No
	Beverly N Swanson	_	

	-			- 1			1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu: H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		۱ c	I S P U T E	AMOUNT OF CLAIM
Account No. xxxxxxxxx8950			Opened 10/30/02 Last Active 12/01/06	7	- T		
Chase Mtg Po Box 24696 Columbus, OH 43224		J	FHA Real Estate Mortgage				0.00
Account No.	╁				+		
Childrens Memorial Hospital PO Box 4066 Carol Stream, IL 60197							0.00
Account No. xxxxxxxx2928	┢		Opened 2/01/99 Last Active 5/23/05		+		0.00
Citi CitiCard Credit Services/Centralized Ban Po Box 790040 Saint Louis, MO 63179	=	J	Credit Card				0.00
Account No. xxxxxxxxxxx8353			Opened 11/01/04 Last Active 3/02/15				
Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179		J	Charge Account				1,174.00
Account No. xxxxxxxxxxx4680			Opened 8/01/01 Last Active 1/04/05		+	+	
Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179		J	Charge Account				0.00
Sheet no. 4 of 26 sheets attached to Schedule of	1_			Su	btot	al	4 474 00
Creditors Holding Unsecured Nonpriority Claims			(Total	of this	s pa	ge)	1,174.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
_	Beverly N Swanson	,

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community	Č	U	D	, [
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	NL I QU I DAT	D I S P U T E D	:	AMOUNT OF CLAIM
Account No.				l '	Ė			
Client Services Inc 3451 Harry S Truman Blvd St Charles, MO 63301								0.00
Account No.						T	T	
Collection Services PO Box 27901 West Allis, WI 53227								0.00
Account No. xxxxx9898			Opened 12/01/09 Last Active 2/08/11			T	Ť	
Comenity Bank/vctrssec Po Box 182789 Columbus, OH 43218		w	Charge Account					0.00
Account No. xxxxxxxxxxxx8324			Opened 12/05/09 Last Active 1/31/12				Ť	
Comenity Capital/hsnmc 995 W 122nd Ave Westminster, CO 80234		w	Credit Card					1,605.00
Account No.	\vdash	\vdash		\vdash		\vdash	+	
Dennis A. Brebner & Associates 860 Northpoint Blvd. Waukegan, IL 60085								0.00
Sheet no. 5 of 26 sheets attached to Schedule of				Subt	ota	.1	Ť	4 005 00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	nag	re)	П	1,605.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No
_	Beverly N Swanson	

	_						1
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	D I	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	UTE	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx2994			Opened 12/01/08 Last Active 2/01/09	Т	T		
Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850		w	Credit Card		D		0.00
Account No.	T						
DMG 120 Spaulding Dr Suite 400 Naperville, IL 60540							0.00
Account No.	╁			\vdash			
DMG Clinic Glen Ellyn SC 454 Pennsylvania Ave Glen Ellyn, IL 60137							0.00
Account No.							
DMG Internal Medicine 2940 Rolling Ridge Rd. Suite 201 Naperville, IL 60564							0.00
Account No.	╁	\vdash		\vdash			
DMG Pain Management 1100 West 31st Suite 400 Downers Grove, IL 60515							0.00
Sheet no. 6 of 26 sheets attached to Schedule of			1	Sub	Lota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No
_	Beverly N Swanson	

					_		-
CREDITOR'S NAME,	C	Ηι	usband, Wife, Joint, or Community	င္က	U	D	
MAILING ADDRESS	ď	Н		CONT	U N L	s	
INCLUDING ZIP CODE,	I E	w	DATE CLAIM WAS INCURRED AND		0	P U T E	
AND ACCOUNT NUMBER	Ţ	J	CONSIDERATION FOR CLAIM. IF CLAIM	N	ũ	Ť	AMOUNT OF CLAIM
(See instructions above.)	CODEBTOR	С	IS SUBJECT TO SETOFF, SO STATE.	E	Ĭ D	b	
Account No.	╁	┢		- ZGHZH	DATED		
110000001101	ł				D		
DMG Pain Management						T	1
52259 Collections Center Dr							
Chicago, IL 60693							
							0.00
Account No.							
	1						
DMG Physical & Occupational							
Therapy							
651 South Route 59							
Aurora, IL 60504							
/Autora, 12 00004							0.00
							0.00
Account No.							
	1						
DMG Surgical Center LLC							
1593 Payshere Circle							
Chicago, IL 60674							
							0.00
							0.00
Account No.	1						
Dreyer Medical Clinic							
1870 W. Galena Blvd							
Aurora, IL 60506							
	l						0.00
Account No.	┢	\vdash		\vdash		H	+
Account ivo.	ł						
Dupage Medical Group	1						
	I	1					
15921 Collection Center Dr	1	1				1	
Chicago, IL 60693	1						
	1						
	1						0.00
Sheet no7 of _26_ sheets attached to Schedule of	•			Subt	ota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

CREDITOR'S NAME,	C	Ηι	usband, Wife, Joint, or Community	C	Ü	Þ	Т	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	D A T	DISPUTED		AMOUNT OF CLAIM
Account No.	┨				Ė			
Dupage Valley Anesthesia PO Box 3872 Carol Stream, IL 60132								0.00
Account No.					T		T	
Dupage Valley Anesthesia LTD 185 Penny Ave East Dundee, IL 60118								0.00
Account No.	╀			+	⊢	┡	+	
Edward Health Ventures 26185 Network Place Chicago, IL 60673	_							0.00
Account No.								
Edward Helath Ventures EMG Internal Medi 3471 Eagle Way Chicago, IL 60678								0.00
Account No.	十	H			\vdash	H	\dagger	
Edward Hospital PO Box 4207 Carol Stream, IL 60197								0.00
Sheet no. 8 of 26 sheets attached to Schedule of			1	Sub	tota	ıl	t	
Creditors Holding Unsecured Nonpriority Claims			(Total of					0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
_	Beverly N Swanson	<u>.</u>

CDED ITODIG VALVE	С	Hu	sband, Wife, Joint, or Community	C	Ιυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	ONLIQUIDATE	I S P U T E D	AMOUNT OF CLAIM
Account No.				Т	E		
Edward Medical Group 1247 Rickert Drive Suite 201 Naperville, IL 60540					D		0.00
Account No.	┢			-	<u> </u>		
Edward Pediatric Hospital 3471 Eagle Way Chicago, IL 60678							
							0.00
Account No. Edward/Linden Hospital 801 S. Washington Street Naperville, IL 60540							0.00
Account No. xxxxx4062	╁		Opened 12/01/09 Last Active 12/01/09	-			
Express/Comenity Bank Attention: Bankruptcy Dept Po Box 182686 Columbus, OH 43218	-	w	Charge Account				0.00
Account No. xxx7697	╁		Opened 1/01/13	+	-	\vdash	
Falls Collection Svc Po Box 668 Germantown, WI 53022	-	w	Collection Attorney Acl Inc.				41.00
Character O of OC above 1 14 C 1 1 1 C					<u></u>		41.00
Sheet no. 9 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			41.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

	С	Ни	sband, Wife, Joint, or Community	С	Ιυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXHLXGEX	LQU	I S P U T	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx3707			Opened 7/01/04 Last Active 3/06/12	Т	T E D		
Fifth Third Bank Fifth Third Bank Bankruptcy Department, 1830 East Paris Ave. Se Grand Rapids, MI 49546		J	Credit Card				8,340.00
Account No. xxxxx2586			Opened 6/01/07 Last Active 10/16/09				
Fifth Third Bank Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546		J	FHA Real Estate Mortgage				0.00
Account No.							
Fifth Third Bank 1830 East Paris Grand Rapids, MI 49546							0.00
Account No.	t						
Fifth Third Bank PO Box 740789 Cincinnati, OH 45274							0.00
Account No.	\dagger						
Fifth Third Bank PO Box 63900-CC3110 Cincinnati, OH 45263							0.00
Sheet no. 10 of 26 sheets attached to Schedule of		_		Sub	tota	ıl	0.240.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	8,340.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
_	Beverly N Swanson	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED A CONSIDERATION FOR CLAIM. IF C IS SUBJECT TO SETOFF, SO STA	LAIM	COXF_XGEXF	DZLLQULDAH	SPUTED	AMOUNT OF CLAIM
Account No.	1				l	Ė		
Freedman Anselmo Lindberg LLC 1807 West Diehl Rd, Suite 333 PO Box 3228 Naperville, IL 60566						ט		0.00
Account No.								
Frontline Asset Strategies 1935 West County Rd. B2 Suite 425 Roseville, MN 55113								0.00
Account No. xxxx1179	┡							
GE Capital Retail c/o Zwicker & Assoc 7366 N Lincoln Ave, Ste 102 Lincolnwood, IL 60712	-	J						3,553.00
Account No.								
GE MoneyBank PO Box 590914 Atlanta, GA 30353								0.00
Account No. xxxxxxxxxxxx9870	Ī		Opened 8/20/06 Last Active 2/08/12				Г	
GECRB/Lowes Attention: Bankruptcy Department Po Box 103104 Roswell, GA 30076		w	Charge Account					0.00
Sheet no11_ of _26_ sheets attached to Schedule of				S	ubt	ota	1	
Creditors Holding Unsecured Nonpriority Claims				(Total of th	is i	pag	e)	3,553.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

	- C	116	should Wife Islant or Community	10	1	Г	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	Sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXHLXGUX	LIQU	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx8979			Opened 5/01/06 Last Active 4/09/14 Credit Card	T	E D		
GECRB/Sams Club Gecrb/Sams Club Po Box 103104 Roswell, GA 30076		w					3,552.00
Account No. xxxxxxxxxxxx6551	t		Opened 12/01/09 Last Active 3/01/15				
Gemb/walmart Attn: Bankruptcy Po Box 103104 Roswell, GA 30076		w	Charge Account				
Account No.							35.00
Hassan Moghadam Md SC PO Box 70 Hinsdale, IL 60522	_						0.00
Account No.							
HSN PO Box 659707 San Antonio, TX 78265							0.00
Account No.	+			+	\vdash		
I.I.P.C LTD 1202 N 75th St Ste 270 Downers Grove, IL 60516							0.00
Sheet no. 12 of 26 sheets attached to Schedule of				Sub	<u>l</u> tota	ıl	0.507.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	3,587.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
_	Beverly N Swanson	,

	1.	1,,	ark and Mills I bint an Opposite	1.	1	<u> </u>	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDATE	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxx6003			Opened 11/01/13 Last Active 5/02/14	Т	E		
Jefferson Capital Systems 16 McIeland Rd Saint Cloud, MN 56303		w	Factoring Company Account Fifth Third Bank Visa		D		8,265.00
Account No.	╁						-,
John C Bonewicz P.C 350 N Orleans Suite 300 Chicago, IL 60654							
Account No.	+						0.00
John C Bonewicz P.C 3001 N Lincoln Suite 402 Skokie, IL 60077							0.00
Account No.	$^{+}$						
LC Christensen & Associates Inc. PO Box 519 Sauk Rapids, MN 56379							0.00
Account No.	+	\vdash		\vdash			0.00
Malcolm S. General Associates Inc 332 South Michigan Ave Suite 600 Chicago, IL 60604							0.00
Sheet no13_ of _26_ sheets attached to Schedule o	f			Sub	tota	1	
Creditors Holding Unsecured Nonpriority Claims	1		(Total of t				8,265.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

CREDITOR'S NAME,	C	Hu	band, Wife, Joint, or Community			D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	L Q U L D	PUTED	AMOUNT OF CLAIM
Account No. xxxxxxxx9436			Opened 9/01/14	Τ̈́	T		
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		н	Collection Attorney Med1 02 Dupage Valley Anes Ltd		D		470.00
Account No. xxxxxxxx0220	+		Opened 2/01/13		-		172.00
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		w	Collection Attorney Med1 02 Dupage Valley Anes Ltd				
							171.00
Account No. xxxxxxxx3980 Med Business Bureau Po Box 1219 Park Ridge, IL 60068		w	Opened 9/01/14 Collection Attorney Med1 02 Dupage Valley Anes Ltd				129.00
Account No. xxxxxx5433	╀		Last Active 3/31/11	+	-		123.00
Med Business Bureau Po Box 1219 Park Ridge, IL 60068		w	Med1 02 Dupage Valley Anes Ltd				
Account No. xxxxxx0031	-		Opened 9/01/14			_	0.00
Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Collection Attorney Surgical Center Of Dupage Medi	•			550.00
Sheet no. 14 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Sub	tota	ıl al	1,022.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.	
	Beverly N Swanson		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	ç	Ü	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	QUID	I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx2641			Opened 6/01/11	Ϊ	A T E		
Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		w	Collection Attorney Edward Hospital		D		531.00
Account No. xxxxxxx0008 Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Opened 5/01/13 Collection Attorney Pain Management Surgical Cente				512.00
Account No. xxxxxx0129 Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		Н	Opened 8/01/14 Collection Attorney Dupage Medical Group				332.00
Account No. xxxxxx0253 Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606	-	н	Opened 6/01/14 Collection Attorney Dupage Medical Group				225.00
Account No. xxxxxx2026 Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Opened 2/01/13 Collection Attorney Dupage Medical Group				207.00
Sheet no. <u>15</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Subi			1,807.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	ç	Ü	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	QUID	I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx2689			Opened 2/01/11	Ϊ	A T E		
Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		w	Collection Attorney Edward Hospital		D		198.00
Account No. xxxxxxx0076 Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Opened 4/01/13 Collection Attorney Pain Management Surgical Cente				192.00
Account No. xxxxxx0077 Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Opened 4/01/13 Collection Attorney Pain Management Surgical Cente				192.00
Account No. xxxxxx0131 Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Opened 8/01/14 Collection Attorney Dupage Medical Group				108.00
Account No. xxxxxxx0116 Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Opened 8/01/14 Collection Attorney Dupage Medical Group				89.00
Sheet no. <u>16</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			S (Total of t	Sub his			779.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

CREDITOR'S NAME,	C	Hus	sband, Wife, Joint, or Community	CO	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	T ≷ ⊃ C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		LIQUID	I E	AMOUNT OF CLAIM
Account No. xxxxxx0254			Opened 6/01/14	7	A T E		
Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Collection Attorney Dupage Medical Group		D		72.00
Account No. xxxxxx1053			Opened 1/01/13		t	╁	
Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		Н	Collection Attorney Dupage Medical Group				
							69.00
Account No. xxxxxx3853			Opened 10/01/14 Collection Attorney Dupage Medical Group				
Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		w					
Cincago, in doddo							69.00
Account No. xxxxxx3802			Opened 7/01/11 Collection Attorney Edward Hospital				
Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		W	Conection Attorney Edward Hospital				
Account No. xxxxxx0115			Opened 8/01/14				60.00
Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Collection Attorney Dupage Medical Group				
							58.00
Sheet no. <u>17</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub			328.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.	
	Beverly N Swanson		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	ű	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGEN	L Q U L C	ISPUTED	AMOUNT OF CLAIM
Account No. xxxxxx0130			Opened 8/01/14	٦Ÿ	A T E		
Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Collection Attorney Dupage Medical Group		D		57.00
Account No. xxxxxx4742	1		Opened 1/01/14 Collection Attorney Edward Hospital				
Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		Н					
							54.00
Account No. xxxxxx1050 Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606		н	Opened 1/01/13 Collection Attorney Dupage Medical Group				51.00
Account No.	╁			+			
Merchants Credit Guide Co 223 West Jackson Blvd Suite 700 Chicago, IL 60606							0.00
Account No. xxxxxx9777	╁		Opened 10/01/13	+	\vdash	+	
Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123		н	Factoring Company Account World S Foremost Bank				925.00
Sheet no18_ of _26_ sheets attached to Schedule of				Sub	tots	 al	323.00
Creditors Holding Unsecured Nonpriority Claims			(Total of				1,087.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
_	Beverly N Swanson	<u>.</u>

						_	
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	UNL	P	
MAILING ADDRESS	CODEBTOR	н	DATE CLAIM WAS INCUIDED AND	CONT	L	S	
INCLUDING ZIP CODE,	B	W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	11	Q	Ū	
AND ACCOUNT NUMBER	O	C	IS SUBJECT TO SETOFF, SO STATE.	N G	. Q D _	ΙT	AMOUNT OF CLAIM
(See instructions above.)	R	ľ	,	NGENT	ח	D	
Account No.				Ť	ĀTED		
					D		
Midwest Pathology Services/Central							
Dupag							
Dept 4003							
Carol Stream, IL 60122							
							0.00
Account No.	t						
	1						
Monarch Recovery Management Inc							
10967 Decatur Rd							
Philadelphia, PA 19154							
							0.00
Account No.	t						
	1						
MQC Collection Services							
PO Box 140250							
Toledo, OH 43614							
							0.00
Account No.	┢						
	1						
Naperville Ear Nose & Throat Assoc							
Ltd							
10 W. Martin Ave							
Suite 260							
Naperville, IL 60540							0.00
Account No.	t						
	1						
Naperville Radiologists S. C							
6910 S. Madison St	1						
Willowbrook, IL 60527	1						
	1						
							0.00
Sheet no. 19 of 26 sheets attached to Schedule of	_	_		Subt	ota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
_	Beverly N Swanson	

		_		_	—		
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	CONT	U N L	D	
MAILING ADDRESS	Ĭ	н	DATE OF A DAVIA OR DIGHT DED AND	Ň	Ľ	s	
INCLUDING ZIP CODE,	I E	w	DATE CLAIM WAS INCURRED AND	T	l'	l P	
AND ACCOUNT NUMBER	Ĭ	J	CONSIDERATION FOR CLAIM. IF CLAIM	Ņ	QUL	Ĭ	AMOUNT OF CLAIM
(See instructions above.)	CODEBTOR	С	IS SUBJECT TO SETOFF, SO STATE.	E	חו	b	
A N -	╁	H		NGENT	A T E D		
Account No.	1			'	Ė		
l.,,					۲	H	1
Nationwide Credit & Collections							
815 Commerce Drive							
Suite 270							
Oakbrook, IL 60523							
							0.00
Account No.	┢	-		\vdash	┝		
Account No.	1						
NCB Management Services Inc							
PO Box 1099							
Langhorne, PA 19047							
							0.00
Account No.				T	T		
	1						
NCO Financial Systens Inc							
3005 Grape Rd							
Suite A							
Mishawaka, IN 46545							
I WISHAWAKA, IN 40545							
							0.00
Account No.							
OAD Orthopaedics LTD							
27650 Ferry Rd							
Warrenville, IL 60555							
<u> </u>							
							0.00
A coount No	╀		Pank avardraft	\vdash	⊢		
Account No.	1		Bank overdraft				
Old Second Bank							
37 S River St	1	J					
	1	٦					
Aurora, IL 60506							
	1						2,073.00
Sheet no. 20 of 26 sheets attached to Schedule of				Subt	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	2,073.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No
	Beverly N Swanson	

	_				—	_	_,	
CREDITOR'S NAME,	ļç	Hu	sband, Wife, Joint, or Community	č	Ü	P)	
MAILING ADDRESS	CODEBTOR	Н		C O N T	U N L	s		
INCLUDING ZIP CODE,	E	w	DATE CLAIM WAS INCURRED AND	Ţ	11	ΙD	۱,	
AND ACCOUNT NUMBER	🖁	J	CONSIDERATION FOR CLAIM. IF CLAIM	N	QU I	۱ř	-	AMOUNT OF CLAIM
(See instructions above.)	0	С	IS SUBJECT TO SETOFF, SO STATE.	G	I D	E	ξl	
	<u> </u>	┡		N G E N T	A T E	۲	۱,	
Account No.				'	Ė			
				\vdash	ᆫ	╄	4	
Omni Credit Services of Florida Inc						ı	-	
PO Box 31179	ı					ı	-	
Tampa, FL 33631	ı					ı	-	
						ı	-	
						ı	-	0.00
								0.00
Account No.					Π			
	1							
Orthopaedic Assoc of Dupage						ı	-	
PO Box 4653						ı	-	
Dept 4653						ı	-	
						ı	-	
Oakbrook, IL 60522						ı	-	
								0.00
Account No. xxx6188			Med1 02 Edward Health Ventures	T	T	T	1	
	1							
Pellettieri						ı	-	
991 Oak Creek Dr		lw				ı	-	
	ı					ı	-	
Lombard, IL 60148						1	-	
						1	-	
								206.00
Account No. xxxxxxxxxxxx8324		H	Opened 5/01/12 Last Active 2/28/15	T	T	t	1	
	ł		Factoring Company Account World Financial					
Portfolio Recovery			Capital Bank				-	
		w	l •			1	-	
Attn: Bankruptcy		**				1	-	
Po Box 41067						1	-	
Norfolk, VA 23541							-	
								941.00
Account No.	t	H		+	H	t	\dashv	
1 too out 1 to.	1							
Premier Dermatology	1	1						
2051 Plainfield Rd	1							
	1						-	
Crest Hill, IL 60403								
	1	1						• • •
	L	L		L	L			0.00
Sheet no. 21 of 26 sheets attached to Schedule of			S	Subt	tota	ıl	1	4.447.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)		1,147.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.	
_	Beverly N Swanson	,	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	A N C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	QU	SPUTED	AMOUNT OF CLAIM
Account No.				T	T E D		
Quest Diagnostics PO Box 4804 Baltimore, MD 21264					D		0.00
Account No.	t	T					
Receiveables Performance Management LLC 20816 44th Ave W Lynwood, WA 98036							0.00
Account No.	t	H					
Regional Adjustment Bureau Inc 1900 Charles Bryan Rd Suite 110 Memphis, TN 38016							0.00
Account No.	┢						
Regional Adjustment Bureau Inc PO Box 341111 Memphis, TN 38016							0.00
Account No.	T						
Regional Adjustment Bureau Inc PO Box 1022 Wixom, MI 48393							
							0.00
Sheet no. _22 _ of _26 _ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Subt			0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
_	Beverly N Swanson	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	U C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL-QU-DAH	U T F	AMOUNT OF CLAIM
Account No.				ן ד	T E D		
Revenue Production Management Inc PO Box 830913 Birmingham, AL 35283					D		0.00
Account No.					Г		
RGS Collections PO Box 852039 Richardson, TX 75085							0.00
Account No.					H		0.00
RMCB 2269 Soth Sawmill River Rd Bldg 3 Elmsford, NY 10523							0.00
Account No.					Г		
Rush Copley Medical Group 2040 Ogden Ave Suite 313 Aurora, IL 60504							0.00
Account No. xxxxxxxxxxxx1582	T		Opened 6/01/01 Last Active 10/01/10		Г	T	
Sears/cbna Po Box 6282 Sioux Falls, SD 57117		J	Credit Card				7,977.00
Sheet no. 23 of 26 sheets attached to Schedule of		_		Subt	ota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	e)	7,977.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

CREDITOR'S NAME,	C	Н	usband, Wife, Joint, or Community	C	Ų	ΤÞ	·Τ	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	D A T	D I S P U T E D	:	AMOUNT OF CLAIM
Account No.	1				Ė			
Service Medical Equipment 5017 Chase Ave Downers Grove, IL 60515								0.00
Account No.	T	T			T	T	Ť	
SP Cardiology 100 Spaulding Dr. Suite 330 Naperville, IL 60540	-							0.00
Account No.	╁	╁		+	╁	╁	+	
Spalding Orthopedics Dept 100 Spaulding Dr. Suite 300 Naperville, IL 60540	-							0.00
Account No.	T	T				T	†	
Surgical Center of Dupage Medical Group 1593 Payshere Circle Chicago, IL 60674								0.00
Account No.	\vdash	+		+	+	t	+	
The Pediatric Facility Foundation Inc PO Box 4051 Carol Stream, IL 60197	-							0.00
Chart no. 24 of 26 sheets attached to Cahadyla of	_	Щ		Cub	tota	<u></u>	+	
Sheet no. 24 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub this			,	0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.	
_	Beverly N Swanson	,	

CREDITORIC NAME	С	Hu	sband, Wife, Joint, or Community		; u	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			S P U T E	AMOUNT OF CLAIM
Account No.				Т	E		
United Collections Bureau inc 5620 Souhwyick Blvd Suite 206 Toledo, OH 43614						'	0.00
Account No.	╁			+	+	+	
Valley Emergency Care Management PO Box 9367 Daytona Beach, FL 32120							
							0.00
Account No. xxxxxxxxx8950 Wells Fargo Hm Mortgag 7255 Baymeadows Wa Des Moines, IA 50306		J	Opened 10/01/02 Last Active 6/18/07 FHA Real Estate Mortgage				0.00
Account No.	┢			+		$^{+}$	
World Financial Capital Bank PO Box 183043 Columbus, OH 43218							0.00
Account No. xxxxxxxxxxx2740	\vdash		Opened 4/21/09 Last Active 9/15/11	+	+	+	0.00
Worlds Foremost Bank N 4800 Nw 1st St Ste 300 Lincoln, NE 68521		н	Credit Card				
				\perp			0.00
Sheet no. 25 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub this			0.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

				_	1		
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	ქ6	I U	l D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	111	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx4830			Opened 4/21/09 Last Active 2/07/11		A T E D		
Worlds Foremost Bank N 4800 Nw 1st St Ste 300 Lincoln, NE 68521		w	Credit Card		D		0.00
Account No.	T			十	T	T	
	=						
Account No.	t			十	t	H	
Account No.	1						
Account No.							
Sheet no. 26 of 26 sheets attached to Schedule of				Sub	tota	ıl	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	this	pag	ge)	0.00
			(Report on Summary of So		Γota dule		48,764.00

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B6G (Official Form 6G) (12/07)

In re	Daniel E Swanson,	Case No.
	Beverly N Swanson	

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-12555 Doc 1 Filed 04/08/15 Entered 04/08/15 11:04:12 Desc Main Document Page 45 of 76

B6H (Official Form 6H) (12/07)

In re	Daniel E Swanson,	Case No
	Beverly N Swanson	

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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Fill	in this information to identify your	case:				
Del	btor 1 Daniel E Sy	wanson				
	btor 2 Beverly N S	Swanson				
Uni	ited States Bankruptcy Court for th	e: NORTHERN DISTRIC	CT OF ILLINOIS			
	se number nown)		-		Check if this is: An amended filing A supplement showing post-petition chapte 13 income as of the following date:	∍r
0	fficial Form B 6I				MM / DD/ YYYY	
S	chedule I: Your Inc	come			12	/13
spo atta	use. If you are separated and yo ch a separate sheet to this form The separate sheet to this form Describe Employment Fill in your employment	our spouse is not filing w . On the top of any additi	ith you, do not include i	nformation a	with you, include information about your about your spouse. If more space is needed se number (if known). Answer every question Debtor 2 or non-filing spouse	
	information.		■ Employed		■ Employed	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Not employed		☐ Not employed	
	employers.	Occupation	Repair Tech		Assistant Manager	
	Include part-time, seasonal, or self-employed work.	Employer's name	Mitutoyo		PLS	
	Occupation may include student or homemaker, if it applies.	Employer's address	Aurora, IL		30 North Lake Street Aurora, IL 60506	
		How long employed t	here? <u>16 years</u>		8 years	
Par	rt 2: Give Details About Mo	onthly Income				
	imate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to repor	t for any line	, write \$0 in the space. Include your non-filing	
	ou or your non-filing spouse have n e space, attach a separate sheet t		ombine the information for	all employer	rs for that person on the lines below. If you nee	d
				Fo	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2. \$	2,708.33 \$ 1,287.00	
3.	Estimate and list monthly over	rtime pay.		3. +\$	0.00 +\$	

2,708.33

1,287.00

Calculate gross Income. Add line 2 + line 3.

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	tor 1 tor 2	Daniel E Swanson Beverly N Swanson	-	Case	number (if known)			
					Debtor 1	non-	Debtor 2 or filing spouse	
	Сор	y line 4 here	4.	\$ <u></u>	2,708.33	\$ <u></u>	1,287.00	
5.	List	all payroll deductions:						
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$ <u></u>	0.00	\$ <u> </u>	147.33 0.00	
	5c. 5d. 5e.	Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	5c. 5d. 5e.	\$ \$	0.00 0.00 0.00	\$ <u> </u>	0.00 0.00 10.83	
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.	\$ <u>-</u>	0.00	\$ <u></u>	0.00	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	158.16	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,708.33	\$	1,128.84	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	ş ^ω —	0.00	\$—	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Link	e 8f.	\$	0.00	\$	763.00 <u></u>	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$ <u></u>	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	763.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,708.33 + \$_	1,89	91.84 = \$ 4,600	.17
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen		•			.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$ 4,600	.17
13.	Do y	ou expect an increase or decrease within the year after you file this form	?				Combined monthly incom	ne
		No. Yes. Explain:						

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Fill	in this informa	ation to identify y	our case:					
	otor 1	Daniel E Sw				Cho	ck if this is:	
000	7.01	Daillei E 3w	anson				An amended filing	
	otor 2 ouse, if filing)	Beverly N S	wanson				A supplement show 13 expenses as of	ving post-petition chapter
							· 	
Unit	ted States Bank	ruptcy Court for the	: NORTI	HERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	se number nown)						A separate filing for 2 maintains a sepa	r Debtor 2 because Debtor rate household
0	fficial Fo	orm B 6J						
S	chedule	J: Your	Exper	nses				12/13
info	ormation. If n	and accurate as nore space is ne n). Answer eve	eded, atta	. If two married people ar ich another sheet to this n.	e filing together, bo form. On the top of	th are equ any additi	ually responsible fo onal pages, write y	or supplying correct your name and case
Par		ribe Your House	ehold					
1.	Is this a joi							
	□ No. Go to		in a sonar	ate household?				
	= 103. B 0.		пта зераг	ate nousenoia:				
			st file a ser	parate Schedule J.				
2.	Do you hay	e dependents?	□ No					
	-	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	' names.			Daughter		_ 1	■ Yes □ No
					Daughter		2	■ Yes
								□ No
					Son		4	■ Yes
					_			□ No
					Son		_ 8	Yes
					Daughter		13	□ No ■ Yes
3.	expenses of	penses include of people other t od your depende	than 🗂	No Yes				■ res
		nate Your Ongo						
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp				
the	value of suc	h assistance ar		government assistance i			Your own	2000
(Ot	ficial Form 6	l.)					Your expo	e113e3
4.		or home owners nd any rent for th		ses for your residence. I or lot.	nclude first mortgage	4. 3	\$	1,446.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. S	\$	0.00
		erty, homeowner'	•			4b. \$		0.00
		e maintenance, re eowner's associa	•	upkeep expenses		4c. 3 4d. 3		40.00
	+u. 110111€	ovviici o assulia		uominium uu c o		4u. 🔻	Ψ	0.00

5. \$

0.00

5. Additional mortgage payments for your residence, such as home equity loans

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8. Childcare and children's education costs 10. Childcare and children's educating 10. Personal care products and services 10. \$ 100.00 11. Medical and dental expenses 11. \$ 200,00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 400.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Health insurance 15c. Vehicle insurance 15d. S 0.00 15c. Vehicle insurance 15d. S 0.00 15c. Vehicle insurance 15d. S 0.00 15c. Vehicle insurance 15d. S 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17e. S 0.00 17e. Other, specify: 17e. Car payments for Vehicle 2 17e. S 0.00 17e. Other, Specify: 17e. S 0.00 17e. Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 8). 18e. S 0.00 19e. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. S 0.00 20d. Maintenance, repair, and upkeep expenses 20d. S 0.00 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. S 0.00 20e. Homeowner's association or condominium dues 20e. S 0.00 20e. Property, homeowner's sociation or condominium dues 20e. S 0.00 20e. Property, homeowner's sociation or condominium dues 20e. S 0.00 21e. The result is y		tor 1 tor 2		Swanson N Swanson	Case num	nber (if known)	
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 165.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, call phone, Internet, satellite, and cable services 6c. \$ 1.55.00 6c. Telephone, and services 6c. \$ 0.00 6c. Tele	6.	Utiliti	ies:				
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other, Specify: Food and housekeeping supplies 7. Food and housekeeping supplies 7. S 1,150.00 R. Childcare and children's education costs 8. S 60.00 Personal care products and services 10. S 120.00 Reference and children's education costs 11. S 200.00 Reference and dental expenses 12. S 400.00 Reference and dental expenses 13. S 0.00 Reference and religious donations 14. S 0.00 Reference and religious donations 14. S 0.00 Reference and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. Reference and refe		6a.	•	<u> </u>			320.00
6 d. S		6b.			6b.		45.00
7. Food and housekeeping supplies 7. \$ 1,150.00			•			·	165.00
8. Childcare and children's education costs 9. Clothing, laundry, and fry cleaning 9. \$ 100,00 10. Personal care products and services 11. \$ 200,00 11. Medical and dental expenses 11. \$ 200,00 12. Transportation, include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0,00 14. Charitable contributions and religious donations 14. \$ 0,00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0,00 15b. Health insurance 15c. \$ 67,00 15c. Vehicle insurance 15c. \$ 0,00 15c. Vehicle insurance in the vehicle 1 17a. \$ 328.00 17b. Car payments for Vehicle 1 17a. \$ 0,00 17b. Car payments for Vehicle 1 17b. \$ 0,00 17c. Other, Specity: 17c. \$ 0,00 17c. Vehicle insurance in the vehicle of the vehicle o							0.00
Section Sec	7.						1,150.00
10. Personal care products and services						*	60.00
11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Society of the contributions and religious donations 14. \$0.00 15. Insurance 15. Insurance 15. Life insurance 15. Life insurance 15. Society 15. Vehicle insurance 16. Vehicle insurance 17. Vehicle insurance 17. Vehicle insurance 18. Vehicle insurance 19. Ve	-		•				100.00
12. Transportation. Include gas, maintenance, bus or train fare. 20 not include car payments 12. \$ 400.00	10.	Perso	onal care p	roducts and services			120.00
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Car maintenance and repair +\$ 30.00 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$ 4,600.17 23c. \$ 49.17 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Yes.	21.	Othe	r: Specify:	Baby supplies	21.	+\$	80.00
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24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? ■ No. □ Yes.		23c.	Subtract y	our monthly expenses from your monthly income.			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Yes.			The result	is your monthly net income.	23c.	\$	49.17
	24.	For ex modified	cample, do yo cation to the	ou expect to finish paying for your car loan within the year or do you ex			e or decrease because of a
		☐ Ye Expla					

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

In re	Daniel E Swanson Beverly N Swanson		Case No.	
		Debtor(s)	Chapter	7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of	42	
sheets, and that they are true and correct to the best of my knowledge, information, and belief.		

Date	April 7, 2015	Signature	/s/ Daniel E Swanson
		<u> </u>	Daniel E Swanson
			Debtor
Date	April 7, 2015	Signature	/s/ Beverly N Swanson
		<u> </u>	Beverly N Swanson
			Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Illinois

In re	Daniel E Swanson Beverly N Swanson		Case No.	
		Debtor(s)	Chapter	7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$36,535.00	2014: H Wages
\$37,923.00	2013: H Wages
\$26,178.00	2014: W Wages
\$31,648.00	2013: W Wages
\$8,883.00	2015 YTD: H Wages
\$5,885.00	2015 YTD: W Wages

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2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars, If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF **PAYMENTS**

AMOUNT PAID

AMOUNT STILL **OWING**

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

> DATES OF PAYMENTS/ **TRANSFERS**

AMOUNT PAID OR VALUE OF **TRANSFERS**

AMOUNT STILL **OWING**

NAME AND ADDRESS OF CREDITOR

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL **OWING**

4. Suits and administrative proceedings, executions, garnishments and attachments

None

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF **PROCEEDING** COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY**

 $[^]st$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Cutler & Associates, Ltd 4131 Main Street Skokie, IL 60076 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR March 2015 AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

\$588

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10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,

RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

Car dealer March 2014 Traded in Nissan Versa 2008 for purchase of

new car

Non

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

NAME AND ADDRESS OF INSTITUTION

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS

GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS GOVERNMENTAL UNIT **NOTICE** LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18. Nature, location and name of business

None П

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six **vears** immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS **ENDING DATES**

Selling plants at garden

2006-Oct 2014

shows - no assets

Fox Valley Organics Inc

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME **ADDRESS**

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

DATE ISSUED

NAME AND ADDRESS

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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B7 (Official Form 7) (04/13)

8

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	April 7, 2015	Signature	/s/ Daniel E Swanson
		-	Daniel E Swanson
			Debtor
Date	April 7, 2015	Signature	/s/ Beverly N Swanson
			Beverly N Swanson
			Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy Court Northern District of Illinois

In re	Daniel E Swanson Beverly N Swanson			Case No.	
		Г	Debtor(s)	Chapter	7
PART	CHAPTER 7 IND A - Debts secured by property of property of the estate. Attach ad		ust be fully complete		
Proper	ty No. 1	1,10	3 • <i>y</i>		
	or's Name: Finance Corp		Describe Property S 2010 Chrysler Town		
_	ty will be (check one): Surrendered	■ Retained			
	ning the property, I intend to (check a Redeem the property Reaffirm the debt Other. Explain ty is (check one):		id lien using 11 U.S.C.	. § 522(f)).	
	Claimed as Exempt		☐ Not claimed as exe	mpt	
Proper	ty No. 2				
	or's Name: hird Bank		Describe Property S Single Family Reside Illinois		: Evanslawn Ave, Aurora
_	ty will be (check one): Surrendered	■ Retained			
■	ning the property, I intend to (check a Redeem the property Reaffirm the debt Other. Explain		id lien using 11 U.S.C.	. § 522(f)).	
Property is (check one): ■ Claimed as Exempt □ Not claimed as exempt					
	B - Personal property subject to unexpadditional pages if necessary.)	pired leases. (All three	columns of Part B mu	st be complete	ed for each unexpired lease.
Proper	ty No. 1				
Lessor	's Name: -	Describe Leased Pro	perty:	Lease will be U.S.C. § 3650 ☐ YES	Assumed pursuant to 11 (p)(2): □ NO

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Page 2

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date	April 7, 2015	Signature	/s/ Daniel E Swanson
			Daniel E Swanson
			Debtor
Date	April 7, 2015	Signature	/s/ Beverly N Swanson
	-		Beverly N Swanson
			Joint Debtor

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United States Bankruptcy Court Northern District of Illinois

In re	Daniel E Swanson Beverly N Swanson		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR D	EBTOR(S)	
]	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 201 paid to me within one year before the filing of the petition behalf of the debtor(s) in contemplation of or in connection	n in bankruptcy, or agreed to b	e paid to me, for ser		
				1,600.00	
	Prior to the filing of this statement I have received		\$	200.00	
	Balance Due		\$	1,400.00	
2.	\$335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. ′	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are men	abers and associates of	my law firm.
	☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name				w firm. A
6.	In return for the above-disclosed fee, I have agreed to ren	nder legal service for all aspec	ts of the bankruptcy	case, including:	
1	 a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credito d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou 	ement of affairs and plan which rs and confirmation hearing, an educe to market value; exc ns as needed; preparation	n may be required; nd any adjourned he emption planning	arings thereof; ; preparation and fi	ling of
7.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis- any other adversary proceeding.	does not include the following chargeability actions, judi	g service: icial lien avoidand	es, relief from stay	actions or
		CERTIFICATION			
	I certify that the foregoing is a complete statement of any pankruptcy proceeding.	agreement or arrangement for	r payment to me for	representation of the de	btor(s) in
Dated	d: April 7, 2015	/s/ David Cutler			
		David Cutler			
		Cutler & Associa 4131 Main Street	•		
		Skokie, IL 60076			
		847-673-8600 Fa	ax: 847-673-8636		
		david@cutlerltd.	com		

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois

In re	Daniel E Swanson Beverly N Swanson		Case No.		
		Debt	or(s) Chapter	7	
	CERTIFICATION OF NOTIC UNDER § 342(b) OF TH			R(S)	
Code.	Certificate I (We), the debtor(s), affirm that I (we) have received an			by § 342	2(b) of the Bankruptcy
	E Swanson ly N Swanson	X	/s/ Daniel E Swanson		April 7, 2015
Printed	l Name(s) of Debtor(s)		Signature of Debtor		Date
Case N	Vo. (if known)	X	/s/ Beverly N Swanson		April 7, 2015
	· · · · · · · · · · · · · · · · · · ·		Signature of Joint Debtor (if any	7)	Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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United States Bankruptcy Court Northern District of Illinois

In re	Daniel E Swanson Beverly N Swanson		Case No.	
mic	Beverly in Swallson	Debtor(s)	Chapter	7
	VER	RIFICATION OF CREDITOR MA	ATRIX	
		Number of O	Creditors: _	106
	The above-named Debtor(s) I (our) knowledge.	nereby verifies that the list of credito	ors is true and	correct to the best of my
Date:	April 7, 2015	/s/ Daniel E Swanson		
		Daniel E Swanson		
		Signature of Debtor		
Date:	April 7, 2015	/s/ Beverly N Swanson		
		Beverly N Swanson		
		Signature of Debtor		

ACL Laboratories 8901 West Lincoln West Allis, WI 53227

Advocate Christ Medical Center PO Box 4256 Carol Stream, IL 60197

Alfa Recovery Corp 5660 Greenwood Plaza Blvd Suite 101 Greenwood Village, CO 80111

Apelles 3700 Corporate Dr Suite 240 Columbus, OH 43231

Asset Acceptance LLC PO Box 2036 Warren, MI 48090

Asset Recovery Solutions LLC 2200 E Devon Suite 200 Des Plaines, IL 60018

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

ATG Credit LLC 13821 Murfield Circle Bloomfield, CO 80023

Badowsku Druzak Jenson MDS 10 W Martin Ave Suite 100 Naperville, IL 60540

Bank Of America P.O. Box 982236 El Paso, TX 79998 Best Buy Attn: Bankruptcy Department P.O. Box 9312 Minneapolis, MN 55440

Blitt & Gains P.C 661 Glen Ave Wheeling, IL 60090

CAC Financial Corp 2601 Northwest Expressway Suite 1000E Oklahoma City, OK 73112

Cach Llc/Square Two Financial Attention: Bankruptcy 4340 South Monaco St. 2nd Floor Denver, CO 80237

Cadence Health Central Dupage Hospital 25 N Winfield Rd Winfield, IL 60190

Calvary SPV I LLC 500 Summit Lake Dr Suite 400 Valhalla, NY 10595

Chase Auto Attn:National Bankruptcy Dept Po Box 29505 Phoenix, AZ 85038

Chase Mtg Po Box 24696 Columbus, OH 43224

Childrens Memorial Hospital PO Box 4066 Carol Stream, IL 60197

Citi CitiCard Credit Services/Centralized Ban Po Box 790040 Saint Louis, MO 63179 Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Client Services Inc 3451 Harry S Truman Blvd St Charles, MO 63301

Collection Services PO Box 27901 West Allis, WI 53227

Comenity Bank/vctrssec Po Box 182789 Columbus, OH 43218

Comenity Capital/hsnmc 995 W 122nd Ave Westminster, CO 80234

Dennis A. Brebner & Associates 860 Northpoint Blvd. Waukegan, IL 60085

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

DMG 120 Spaulding Dr Suite 400 Naperville, IL 60540

DMG Clinic Glen Ellyn SC 454 Pennsylvania Ave Glen Ellyn, IL 60137

DMG Internal Medicine 2940 Rolling Ridge Rd. Suite 201 Naperville, IL 60564 DMG Pain Management 1100 West 31st Suite 400 Downers Grove, IL 60515

DMG Pain Management 52259 Collections Center Dr Chicago, IL 60693

DMG Physical & Occupational Therapy 651 South Route 59 Aurora, IL 60504

DMG Surgical Center LLC 1593 Payshere Circle Chicago, IL 60674

Dreyer Medical Clinic 1870 W. Galena Blvd Aurora, IL 60506

Dupage Medical Group 15921 Collection Center Dr Chicago, IL 60693

Dupage Valley Anesthesia PO Box 3872 Carol Stream, IL 60132

Dupage Valley Anesthesia LTD 185 Penny Ave East Dundee, IL 60118

Edward Health Ventures 26185 Network Place Chicago, IL 60673

Edward Helath Ventures EMG Internal Medi 3471 Eagle Way Chicago, IL 60678

Edward Hospital PO Box 4207 Carol Stream, IL 60197 Edward Medical Group 1247 Rickert Drive Suite 201 Naperville, IL 60540

Edward Pediatric Hospital 3471 Eagle Way Chicago, IL 60678

Edward/Linden Hospital 801 S. Washington Street Naperville, IL 60540

Exeter Finance Corp Po Box 166097 Irving, TX 75016

Express/Comenity Bank Attention: Bankruptcy Dept Po Box 182686 Columbus, OH 43218

Falls Collection Svc Po Box 668 Germantown, WI 53022

Fifth Third Bank Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave Se Grand Rapids, MI 49546

Fifth Third Bank Fifth Third Bank Bankruptcy Department, 1830 East Paris Ave. Se Grand Rapids, MI 49546

Fifth Third Bank 1830 East Paris Grand Rapids, MI 49546

Fifth Third Bank PO Box 740789 Cincinnati, OH 45274 Fifth Third Bank PO Box 63900-CC3110 Cincinnati, OH 45263

Freedman Anselmo Lindberg LLC 1807 West Diehl Rd, Suite 333 PO Box 3228 Naperville, IL 60566

Frontline Asset Strategies 1935 West County Rd. B2 Suite 425 Roseville, MN 55113

GE Capital Retail c/o Zwicker & Assoc 7366 N Lincoln Ave, Ste 102 Lincolnwood, IL 60712

GE MoneyBank PO Box 590914 Atlanta, GA 30353

GECRB/Lowes
Attention: Bankruptcy Department
Po Box 103104
Roswell, GA 30076

GECRB/Sams Club Gecrb/Sams Club Po Box 103104 Roswell, GA 30076

Gemb/walmart Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Hassan Moghadam Md SC PO Box 70 Hinsdale, IL 60522

HSN PO Box 659707 San Antonio, TX 78265 I.I.P.C LTD 1202 N 75th St Ste 270 Downers Grove, IL 60516

Jefferson Capital Systems 16 Mcleland Rd Saint Cloud, MN 56303

John C Bonewicz P.C 350 N Orleans Suite 300 Chicago, IL 60654

John C Bonewicz P.C 3001 N Lincoln Suite 402 Skokie, IL 60077

LC Christensen & Associates Inc. PO Box 519
Sauk Rapids, MN 56379

Malcolm S. General Associates Inc 332 South Michigan Ave Suite 600 Chicago, IL 60604

Med Business Bureau Po Box 1219 Park Ridge, IL 60068

Merchants Cr 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606

Merchants Credit Guide Co 223 West Jackson Blvd Suite 700 Chicago, IL 60606

Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123 Midwest Pathology Services/Central Dupag Dept 4003 Carol Stream, IL 60122

Monarch Recovery Management Inc 10967 Decatur Rd Philadelphia, PA 19154

MQC Collection Services PO Box 140250 Toledo, OH 43614

Naperville Ear Nose & Throat Assoc Ltd 10 W. Martin Ave Suite 260 Naperville, IL 60540

Naperville Radiologists S. C 6910 S. Madison St Willowbrook, IL 60527

Nationwide Credit & Collections 815 Commerce Drive Suite 270 Oakbrook, IL 60523

NCB Management Services Inc PO Box 1099 Langhorne, PA 19047

NCO Financial Systems Inc 3005 Grape Rd Suite A Mishawaka, IN 46545

OAD Orthopaedics LTD 27650 Ferry Rd Warrenville, IL 60555

Old Second Bank 37 S River St Aurora, IL 60506 Omni Credit Services of Florida Inc PO Box 31179 Tampa, FL 33631

Orthopaedic Assoc of Dupage PO Box 4653 Dept 4653 Oakbrook, IL 60522

Pellettieri 991 Oak Creek Dr Lombard, IL 60148

Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541

Premier Dermatology 2051 Plainfield Rd Crest Hill, IL 60403

Quest Diagnostics PO Box 4804 Baltimore, MD 21264

Receiveables Performance Management LLC 20816 44th Ave W Lynwood, WA 98036

Regional Adjustment Bureau Inc 1900 Charles Bryan Rd Suite 110 Memphis, TN 38016

Regional Adjustment Bureau Inc PO Box 341111 Memphis, TN 38016

Regional Adjustment Bureau Inc PO Box 1022 Wixom, MI 48393 Revenue Production Management Inc PO Box 830913 Birmingham, AL 35283

RGS Collections PO Box 852039 Richardson, TX 75085

RMCB 2269 Soth Sawmill River Rd Bldg 3 Elmsford, NY 10523

Rush Copley Medical Group 2040 Ogden Ave Suite 313 Aurora, IL 60504

Sears/cbna Po Box 6282 Sioux Falls, SD 57117

Service Medical Equipment 5017 Chase Ave Downers Grove, IL 60515

SP Cardiology 100 Spaulding Dr. Suite 330 Naperville, IL 60540

Spalding Orthopedics Dept 100 Spaulding Dr. Suite 300 Naperville, IL 60540

Surgical Center of Dupage Medical Group 1593 Payshere Circle Chicago, IL 60674

The Pediatric Facility Foundation Inc PO Box 4051 Carol Stream, IL 60197

United Collections Bureau inc 5620 Souhwyick Blvd Suite 206 Toledo, OH 43614

Valley Emergency Care Management PO Box 9367 Daytona Beach, FL 32120

Wells Fargo Hm Mortgag 7255 Baymeadows Wa Des Moines, IA 50306

World Financial Capital Bank PO Box 183043 Columbus, OH 43218

Worlds Foremost Bank N 4800 Nw 1st St Ste 300 Lincoln, NE 68521